



**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Form 2020**

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2006 FEB - 1 MAIL: 19  
OFFICE OF HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	New Era Rehabilitation Center, Inc	
Doing Business As	As Above	
Name of Parent Corporation	New Era Rehabilitation Center Inc	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	3851 Main street 2nd floor Bridgeport CT 06606	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Profit	
Name of Contact person, including title	Ebenezer A. KOLADE MD Chief Executive Officer	CHRISTINA M. KOLADE D.O. Medical Director
Contact person's street mailing address	3851 Main street 2nd floor Bridgeport CT 06606	3851 Main street 2nd floor Bridgeport CT 06606
Contact person's phone, fax and e-mail address	1203 372 3333 cell 845 642 3438 E.kolade@aol.com fax 203-374 7515	1203 372 3333 cell 845 642 5506 C.kolade@aol.com

**SECTION II. GENERAL PROPOSAL INFORMATION**

a. Proposal/Project Title:

Out Patient Behavioral Health (Substance Abuse Services)

b. Location of proposal (Town including street address):

301 East Street, New Haven CT

c. List all the municipalities this project is intended to serve:

New Haven, North Haven, West Haven, Hamden, Branford, Milford, East Haven, and Woodbridge

d. Estimated starting date for the project:

June 2006e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

☐ ☐ Acute Care Hospital  
☐ ☒ Behavioral Health Provider  
☐ ☐ Hospital Affiliate

E P

☐ ☐ Imaging Center  
☐ ☐ Ambulatory Surgery Center  
☐ ☐ Other specify):

E P

☐ ☐ Cancer Center  
☐ ☐ Primary Care Clinic
**SECTION III. EXPENDITURE INFORMATION**

a. Estimated Total Capital Expenditure/Cost:

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$50,000
Medical Equipment (Purchase)	\$15,000
Imaging Equipment (Purchase)	- 0 -
Non-Medical Equipment (Purchase)	12,800
Sales Tax	4,668
Delivery & Installation	1,500
<b>Total Capital Expenditure</b>	\$0.00
Fair Market Value of Leased Equipment	- 0 -

<b>Total Capital Cost</b>	<b>\$0.00</b>
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**Major Medical and/or imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
Mettler Toledo Dispensing Unit	AMS		3	5,000

Note: Provide copy of contract with vendor for medical equipment.

## c. Type of financing or funding source:

- ☒ Operating Funds
 ☐ Lease Financing
 ☐ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify):

**SECTION IV. PROPOSAL DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

**SECTION V. AFFIDAVIT**

Applicant: New Era Rehabilitation Center Inc

Project Title: Outpatient Behavioural Health  
Substance Abuse Services

I, Ebenezer Kolade, msc. CEO  
(Name) (Position – CEO or CFO)

of New Era rehab ctr being duly sworn, depose and state that the  
information provided in this CON Determination form is true and accurate to the best of my  
knowledge, and that New Era rehab ctr complies with the appropriate  
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-  
486 and/or 4-181 of the Connecticut General Statutes.

Ebenezer Kolade  
Signature

1/30/06  
Date

Subscribed and sworn to before me on January 30, 2006

[Signature]  
Notary Public/Commissioner of Superior Court

**IVETTE ROBLES**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES APRIL 30, 2008**

My commission expires: \_\_\_\_\_

## **NEW ERA REHABILITATION CENTER**

**3851 Main St 2<sup>nd</sup> floor**

**Bridgeport, CT 06606**

**Telephone : 203- 372-3333**

**Fax: 203 -374 -7515**

### **Section IV Proposal Description**

1 The services currently provided are

- a) Chemical Maintenance Treatment
- b) Ambulatory Chemical Detoxification Treatment

2 The services are methadone treatment and ambulatory chemical detoxification. DPH licences sought are

- a) Chemical Maintenance Treatment
- b) Ambulatory Chemical Detoxification treatment

3 Yes , we will be charging facility fee.

4 The current population served are adults 18 yrs and over , pregnant women with opiod addiction. This program will serve the under served population of opiod dependent patients within a 10 mile radius of the clinic in New Haven , Hamden, North Haven, Orange, West Haven , East Haven, Milford , Branford and Woodbridge.

5 The services will be provided by a team of professionals which includes physicians ,physician assistant , nurses, counselors ,pharmacist, and administrative staff.

6 The payers of the services provided are State and Government Insurances , private insurances and self paying patients

### **Services Proposal**

The proposal project is an opiod treatment program which will involve chemical maintenance and ambulatory chemical detoxification treatment . This proposed project will cater for the need of opiod dependent clients seeking treatment . It would involve the use of Methadone and Counseling . Our clients will be referred to us from various health care facilities and detoxification programs and self referral . The patients will be assessed and screened for appropriateness for the program by the counselor , then the patient will be seen by the physician , who will give a physical examination to the patient and review the blood work and urine toxicology .It is at this time patients will be started on methadone dose and titrated to "comfort zone" consequently counseling will be continued and urine toxicology monitored.. Patients will also be required to attend group counseling such as stress management , anger management ,relapse prevention , cocaine group ,women's group for mothers and men's group .

# STATE OF CONNECTICUT

## Department of Public Health

### LICENSE

License No. 0266

### Facility for the Care or Treatment of Substance Abusive or Dependent Persons

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

New Era Rehabilitation Center, Inc. of Bridgeport, CT, d/b/a New Era Rehabilitation Center, Inc. is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**New Era Rehabilitation Center, Inc.** is located at 3851 Main Street, Bridgeport, CT 06606 with:

Ebenezer Adekunle Kolade, MD as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Chemical Maintenance Treatment  
Ambulatory Chemical Detoxification Treatment

This license expires **June 30, 2006** and may be revoked for cause at any time.

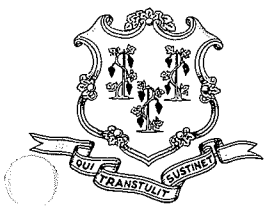
Dated at Hartford, Connecticut, July 1, 2004. RENEWAL.

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2006 FEB - 1 AM 11:49  
HEALTH CARE ACCESS



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner



STATE OF CONNECTICUT  
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL  
GOVERNOR

February 7, 2006

CRISTINE A. VOGEL  
COMMISSIONER

Ebenezer A. Kolade  
Chief Executive Officer  
New Era Rehabilitation Center, Inc.  
3851 Main Street  
Bridgeport, CT 06606

RE: Certificate of Need Determination; Report Number 06-30685-DTR  
Establish Chemical Maintenance Treatment and Ambulatory Chemical Detoxification  
Treatment programs in New Haven  
New Era Rehabilitation Center, Inc.

Dear Mr. Kolade:

On February 1, 2006, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination request concerning the proposal of New Era Rehabilitation Center, Inc. ("NERC") to establish chemical maintenance treatment and ambulatory chemical detoxification treatment programs at 301 East Street, New Haven, at a total capital expenditure of \$83,968.

OHCA has reviewed the information contained in the request and makes the following findings:

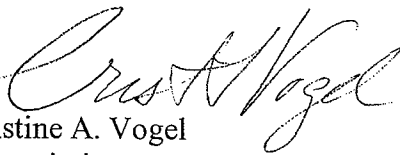
1. NERC is a for profit facility that provides chemical maintenance treatment and ambulatory chemical detoxification treatment at 3851 Main Street, Bridgeport.
2. NERC proposes to establish methadone and ambulatory chemical detoxification services at 301 East Street, New Haven.
3. NERC is a health care facility or institution as defined in Section 19a-630 of the Connecticut General Statutes ("C.G.S.").
4. NERC proposes to provide methadone and counseling services to opiod dependent clients seeking treatment.
5. NERC will provide the same services at the new location that are currently provided at the existing facility.
6. Section 19a-638 of the Connecticut General Statutes ("C.G.S.") states, in part, that the introduction of any additional function or services requires authorization from OHCA.

Based on the above findings, OHCA has determined New Era Rehabilitation Center, Inc., a health care facility or institution, is required to seek and obtain Certificate of Need approval to establish chemical maintenance treatment and ambulatory chemical detoxification treatment programs at 301 East Street, New Haven, pursuant to Section 19a-638 of the Connecticut General Statutes.

OHCA considers the submission of information received on February 1, 2006 as the Letter of Intent for this matter; therefore NERC may file a completed CON application with OHCA between March 31, 2006, and May 30, 2006. The CON application is being mailed to your attention separately.

If you have any questions regarding the above, please contact Paolo Fiducia, Associate Health Care Analyst at (860) 418-7035.

Sincerely,



Cristine A. Vogel  
Commissioner

Copy: Sandra Bauer, Health Processing Technician, DPH, DCBR

CAV:pf